

IN THE

2161 Jew.

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S):

Raverdy et al.

APPLICATION NO.:09/899,437

FILED:

July 5, 2001

TITLE:

System And Method For Selectively Providing Information

To A User Device

EXAMINER:

Amsbury, W.

ART UNIT:

2161

ATTY DKT NO:

50P4432.01/1596

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date printed below:

Date: 3/2/05

Gregory J. Koerner

Response To Office Action

Mail Stop Amendment Commissioner for Patents P.O Box 1450 Alexandria, Virginia 22313-1450

Dear Sir:

In response to the Office Action mailed December 8, 2004, please reconsider the above-identified Application in light of the following remarks and amendments.

Serial No	OIPE	المحادث	9/899,437							
Filing Da	ate: MAR 0 7 20	05 E	uly 5, 2001							
Title:	System And Method For Selectively Providing Information To A User Device									
P.O. Box	SSIONER FOR 1 1450 ria, Virginia 22									
Sir: Transmitted herewith is an amendment in the above-identified application. [] Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted. [] A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed. [X] No additional fee is required. The filing fee has been calculated as shown below:										
	(Col. 1)		(Col. 2)	(Col. 3)	Small Entity		or	Other Than a Small Entity		
	Claims Remaining After Amendment		Highest Number Previously Paid For	Number of Extra Claims Present	Rate	Additional Fee	or	Rate	Additional Fee	
Total	46	minus	46	0	x \$11 =	\$0.00		x \$50 =	\$0.00	
Indep.	10	minus	10	0	x \$41 =	\$0.00	or	x \$200 =	\$0.00	
[] First	Presentation of	f Multiple	Dependent Cl	laims .	+\$135 = Total	\$0.00	Ш	+\$360 =	\$0.00	
* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" *** If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment of						he "Highest Numbe		Total Fee iously Paid Fo	\$0.00	
[] Please charge my Deposit Account No. 50-3367 in the amount of \$ A duplicate copy of this sheet is attached.										
[] Enclosed please find a check for \$ for an enclosed terminal disclaimer. [X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-3367. A duplicate copy of this sheet is attached.										
	[X] Any filing fees under 37 CFR 1.16 for the presentation of extra claims.[X] Any patent application processing fees under 37 CFR 1.17.									
	Respectfully submitted,									
Dated: _	3//	1/05		Red	wood Pate	wher, Reg.No. ant Law ale Blvd., Suite				

Foster City, CA 94404 Tel: (650) 358-4000

In re application of:

Raverdy et al.

Atty. Docket No.: 50P4432.01/1596